

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	3/13/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5 9 6 8
Original	31 6 25 7
1	01 0 20 3
2	V
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	NN
9	✓
10	✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	NN
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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